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** CONTINUING DATA ***** None &N					
** FOREIGN APPLICATIONS ***** None &N					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 8	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
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FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		